### STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM See Instructions and Privacy STD 262 (REV. 10/92) Statement on Reverse Side Page 1 of CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER DEPARTMENT Billie Greer Governor's Los Angeles Office POSITION CB/ID NUMBER DIVIDIUN UK BUNEAU Director Los Angeles HEADQUARTERS ADDRESS TELEPHONE NUMBER 300 South Spring Street, Suite 16701 CITY STATE ZIP Los Angeles CA 90013 MEALS TRANSPORTATION LOCATION CARFARE, BUSINESS TOTAL WHERE EXPENSES LODGING COST OF INCIDENTALS TOLLS. PRIVATE CAR USE EXPENSE EXPENSES WERE INCURRED BREAKFAST LUNCH DATE TRANS. TYPE USED PARKING MILES AMOUNT FOR DAY 05-Nov 11:00 AM Los Angeles 12.00 36 16.02 28.02 Beverly Hills 06-Nov 6:00 PM 12.00 32 14.24 26.24 11:00 AM Los Angeles 09-Nov 3.12 3.12 10:00 AM Los Angeles 11-Nov 28 12.46 12.46 13-Nov 5:00 PM Granada Hills 54 24.03 28.53 West Los Angeles 19-Nov 9:00 AM 31 13.80 13.80 12:00 PM Los Angeles 19-Nov 12 5.34 Los Angeles 24-Nov 10:00 AM 10 4.45 /<sub>14.00</sub> 3:00 PM Los Angeles 18-Nov 0.45 14.45 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 42.50 211 93.90 0.00 136.40 COLUMN CODE (ACCTG. USE ONLY) **CLAIM TOTAL** \$136.40 PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) NORMAL WORK HOURS 11/05: BBA-Remarks/Business & RTTT 11/19: Staff GAS-RTTT Presser 11/06: Brotherhood Crusade-Ltr./Ed 11/24: Staff GAS-Lt. Gov. Announce PRIVATE VEHICLE LICENSE NUMBER 11/09: Muslim PAC Mtg-Remarks/RTTT 11/18: Intern Covered Demonstration 11/11: Staff GAS-Vets Day MILEAGE RATE CLAIMED 11/13: No. Valley YMCA Event-Ltr./Family & Children 0 445 11/19: Brd. Of Regents/MLK Hospital-Attended/Read Out **AGENCY ACCOUNTING OFFICE** I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of **USE ONLY**

California If a privately owned vehicle was used and if mileage exceeds the minimum rate. I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage CLAIMANT'S SIGNATURE SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 12-31-09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

TRAV	EL EXPE	NSE CLAIM		s	ee Instru	ctions ar	nd Privac	y						V
STD. 262 (I	REV. 10/92)				Statemen		erse Side			DEPARTMEN	Page	1	of	1
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Billie C	reer			CB/ID NUMBER		DIVISION OR	BUREAU			Governo	or's Los A	INDEX NUMB		-
Directo	r					Los Ang	reles							
RESIDENCE							ERS ADDRES	SS		TELEPHONE	NUMBER			
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CITY		STATE		ZIP		CITY				STATE			ZIP	
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100	DATE MEAN	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		CARFARE, TOLLS,	PRIVATE	CAR USE	BUSINESS	TOTAL
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
03-Oct	6:00 PM	Los Angeles									19	8.46		8.4
05-Oct	5.00 PM	Los Angeles									8	3.56		3.5
08-Oct	6 00 PM	Los Angeles								10,00	3	1.34		11.3
16-Oct	6:00 PM	Beverly Hills								16.00	23	10.24		26.2
	6:00 PM	Long Beach								10.00	51			22.7
17-Oct		Industry Hills									56			
22-Oct	9:00 AM													24.92
23-Oct	2:00 PM	Manhattan Beach					-				36			16.02
26-Oct	4:00 PM	West Los Angeles		<b></b>				-		/	33			14.6
27-Oct	9:00 AM	Long Beach								10.00	51	22.70		32.7
08-Oct	5:00 PM	Los Angeles								8.00	2	0.89		8.8
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		um Event-Ltr./Ar	ts						Convention	on				
	Staff GAS-H						latl Day-	Speech/I	nternatl	-	PRIVATE	VEHICLE L	ICENSE N	JMBER
		American Wome		Remarks/V	50,000		C IV	1.0.0		_				
		Ien-Ltr./Remarks -Remarks/Civil F					S-Wome		Press Co	- onf		RATE CLA	IMED	
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		ed vehicle was used and									PAID BY		FUND CHECK I	MUMBER
		I, and that I have met the										111	A Car	
20.70		ind seat belt usage.		. do p. 600	,						d	40	184	0
-	S SISNATURE				12.3	1.09	SIGNATURE	OF OFFICER	APPROVING	TRAVEL AND	PAYMENT		DATE	10
SIGNATURE	OF TITLE OF AUT	HORITY FOR SPECIAL EX	PENSES			- Lace record			2				DATE,	
SIGNATURE	JI THEE OF AUT		a tambéé										//	/.

## TRAVEL EXPENSE CLAIM

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STD 262	(REV. 10/92)				Stateme	nt on Rev	PLOYEE NU			DEPARTME	Page	1	of	1	
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POSITION	JICCI			CB/ID NUMBER		DIVISION OF	RBUREAU			Goven	or's Los	Angeles (			
Direct	or					Los Angeles									
RESIDENC	E ADDRESS					HEADQUAR	TERS ADDRES	SS				TELEPHONE	NUMBER		
0.71		CTATE				300 Sou	th Spring	g Street,	Suite 16'	701 STATE					
CITY		STATE		ZIP		CITY			ZIF .						
<u> </u>	-	<del></del>	T	<del></del>		Los An	geles	<del></del>		CA		90013			
0	ONTHIVEART	LOCATION			MEALS	Ι	1		1	RANSPORTA	T				
	101	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		CARFARE,		CAR USE	BUSINESS	TOTAL	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT	LAFENSE	FOR DAY	
02-Sep	8:00 AM	Lake View Terr.									44	19.58		19.5	
09-Sep	10:00 AM	Hollywood			***						13			5.7	
10-Sep	7:00 PM	Pasadena									31	13.80		13.80	
13-Sep	1:00 PM	Beverly Hills									36			16.02	
15-Sep	6 00 PM	Century City									26			11.5	
17-Sep	8:00 AM	Los Angeles									14			6.2	
18-Sep	10:00 AM	Monrovia									44	19.58		19.58	
24-Sep	6:00 AM	West Hollywood									24	10.68		10.68	
29-Sep	6:00 PM	Los Angeles									18	8.01		8.0	
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												0.00		0.00	
		<b>1</b>										0.00		0.00	
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	SUBTO	TALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250	111.25	0.00	111.25	
COLUM	N CODE (ACC	TG. USE ONLY)													
	CLAIM TO	DTAL											\$111	1 25	
PURPO		REMARKS AND DI	ETAILS (A	ttach recein	its when r	equired)					NORMALI	WORK HOL		1.23	
		ion Fire (2nd Vis				aff GAS-	-Monrovi	a Apts			NORWAL 1	WORK HOL	JKS		
		nteerism/VIACo		rate Counc				u ripio.	<del>- 1800</del>		PRIVATE V	/EHICLE LI	CENSE NU	IMPED	
		ner-Remarks/Inte				AWBO I		n-Remar	ks/Bz		l idivide i	PETHOLL LI	CENSE NO	MOCK	
	va Fries-Ltr.				The same of the same of	neriff's M					MII FAGE I	RATE CLAI	MED		
		pment Forum-Re	emarks/B	udget,PPP				Public S			0.445	OTTE OEAT	WILD		
		rsey High/Jesse .										Y ACCOL	JNTING O	FFICE	
I HEREBY	CERTIFY, That the	e above is a true stateme	nt of the trave	el expenses incu	irred by me ii	n accordance	with DPA rul	es in the serv	rice of the Sta	ite of		USE			
California.	If a privately owne	d vehicle was used and i	f mileage exc	eeds the minimi	um rate, I cer	tify the cost o	of the operation	ig the vehicle	was equal to	or	PAID BY		UND CHECK N	UMBER	
greater tha	n the rate claimed,	and that I have met the r	equirements	as prescribed b	y SAM Section	ons 0750, 075	51,0752, 0753	and 0754			21	100	2110	)	
-	to vehicle safety ar	d seat belt usage			DATE		SIGNATURE	OF OFFICER	ADDROVING	DAVEL AND	0	108	40	$\sim$	
CLAIMANI	S SIGNATURE	v s			12.31	1.09	JIGNATUKE (	OF OFFICER	APPRQVING T	RAVEL AND	PAYMENT		1//3/	/0	
SIGNATURE	OF TITLE OF AUTH	IORITY FOR SPECIAL EXP	ENSES				<b>—</b> '			<del>.=</del>	***	1	DATE	/	
													1/12	110	

# TRAVEL EXPENSE CLAIM

STD 262	(REV. 10/92)	NSE CLAIN				nt on Rev	nd Privac erse Side	,			Page	. 1	of	1
CLAIMANT						SSAN OR EN	MPLOYEE NUM	MBER		DEPARTM	ENT	-		
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Directo	)ı,									INDEX NUMBER				
	E ADDRESS					HEADQUAR	geles Ters addres	SS				TELEPHONE	NUMBER	
						300 Sou	ıth Spring	g Street,	Suite 16	701		l		
CITY		STATE		ZIP		CITY				STATE			ZIP	
		<del></del>	<del></del>	T		Los Angeles CA						90013		
	ONTHINEARS	LOCATION			MEALS	T -	-		T	RANSPORTA	T			
M	410,	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		CARFARE			BUSINESS	TOTAL
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER	, moise, mes	TRANS.	TYPE USED	TOLLS,		AMOUNT	EXPENSE	EXPENSE FOR DAY
20.4	( 00 4)4	Lake View Terr.										/		FORDAT
30-Aug	6.00 AM	Lake view terr.	1								44	19.58		19.5
31-Aug	9:00 AM	Los Angeles	-								5	2.23		2.2
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	SUBTO	TALS	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0 49	21,81	0.00	21.8
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	CLAIM T	OTAL											\$21	<b>Q1</b>
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8/30: St	affed GAS-	Station Fire											21.10	
8/31: St	taffed GAS-	Clean Energy Tra	ain Progr	am							PRIVATE V	/EHICLE L	ICENSE NU	MBER
											MILEAGE F	PATE OLAI	MED	
											0.445	WIL OLA	MED	
											AGENC	Y ACCO	UNTING C	FFICE
IHEREBY	CERTIFY, That th	e above is a true stateme	nt of the trave	el expenses incu	irred by me ir	n accordance	with DPA rul	es in the ser	vice of the Sta	ate of		USE		
California	If a privately owner	ed vehicle was used and i	f mileage exc	eeds the minimi	um rate, I cer	tify the cost o	of the operation	ng the vehicle	was equal to	or	PAID BY		UND CHECK N	UMBER
		, and that I have met the i	requirements	as prescribed by	y SAM Section	ons 0750, 075	51,0752, 0753	3 and 0754			21	105	245	1
-	o vehicle safety a	nd seat belt usage.			DATE		SIGNATURE	OF OFFICER	APPROVING T	RAVEL AND	PAYTENT	100	DATE /	1
					12-31	1-09				TOTAL AND	FAI		1/13	//8
SIGNATURE	OF TITLE OF AUT	HORITY FOR SPECIAL EXI	PENSES										DATE,	· 1
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CLAIMANT	(REV. 10/92)				Statemer		Verse Side			DEPARTM	Page	1	of	1	
Billie										1		Angeles (	Office		
POSITION				CB/ID NUMBER		DIVISION OF	R BUREAU			1-0,011	ernor's Los Angeles Office				
Directo	OT CE ADDRESS					Los Ang	geles Ters addres	00							
1,50	h //								2 10			TELEPHONE	NUMBER		
CITY		STATE		ZIP		CITY SOU	ith Spring	g Street,	Suite 16'	701 STATE			ZIP		
		N				Los Ang	geles			CA			90013		
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Ņ	AONT HIVE AR	LOCATION								CARFARE			BUSINESS	TOTAL	
	1 0	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	E CAR USE	EXPENSE	EXPENSI	
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15-Jul	6:00 PM	Los Angeles									1	0.45		0.	
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COLUM	N CODE (ACC	TG. USE ONLY)													
	CLAIM TO	DTAL											\$32.	04	
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		remarks/budget	5.500 2020 o comune •	•	**************************************	, d					NONWAL V	WURK HOU	IK5		
		AnnivLtr./Bz.									PRIVATE \	ÆHICI E LI	CENSE NUI	MADER	
7/31: S	taffed GAS-L	os Alamitos										LI HOLL L.	JENOE .TC.	VIDEI	
											MILEAGE F	RATE CLAII	MED		
											0.445				
											AGENC	Y ACCOL	INTING O	FFICE	
I HEREBY	CERTIFY, That the	above is a true statemen	nt of the trave	l expenses incur	rred by me in	accordance	with DPA rule	es in the serv	ice of the Sta	ite of		USE			
California.	If a privately owned	d vehicle was used and if	mileage exce	eeds the minimu	ım rate, I cert	ify the cost of	f the operatin	g the vehicle	was equal to	or	PAID BY		UND CHECK NU	JMBER	
greater tha	n the rate claimed, a	and that I have met the re	equirements a	as prescribed by	SAM Section	ns 0750, 075	1,0752, 0753	and 0754			21	150	1		
pertaining f	to vehicle safety and	d seat belt usage.								- 1	de	1118	42		

CLAIMANT'S SIGI

12.31.09 SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES